

## Office of the State Comptroller

## **LCM** Rules Request

- 1. Enter the Document ID of the LCM rule you created.
- 2. Indicate type of rule you are requesting-for additional info> (Payroll Rules Request Procedures)
- 3. Provide the justification and statutory language supporting the rule in the comments section.
- 4. Email the form to: LCMRules@osc.state.ma.us .
- 5. The Comptroller's office will approve or reject your LCM rule document, at which point the status of the document will change from Pending Approval to Final or Rejected.
- 6. You can view approved rules in LCM using the PAUTH Activity Folder (see LCM Rules E-Learning and Job Aid)
- 7. Save Excel form to your computer, print a copy, sign and keep on file for a record of the request.

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Rule Request Information: Additional Information:		
Fiscal Year:	☐ Terminal Leave ☐ Rules Rollover	
Dept. Code:	☐ Cross Dept. Rule ☐ Settlement and Judg	ment
Subject (LCM Doc ID):	Prior Year Deficinecy	,
LCM Rule Type:  Charge Dept.Code:  V	Reimbursement ISA Transaction	
I hereby submit the attached screen-prints of Labor Cost Management (LCM), along with supporting documentation from the current General Appropriation Act, other legislative act, or authoritative documents, for approval in the LCM rules subsystem. In doing so, I affirm that the entries are accurate representations of this department's authorized payroll account management. The approval of these Rules will enable the department to apply payroll expenditures to correct accounts and will represent accurate and true payroll processing. Detailed and accurate time sheets, signed by an authorized signatory, must be kept on file at the department.  DEPARTMENT HEAD or AUTHORIZED DESIGNEE (Signature must be on file at CTR)  Signature:  Date:  Department:  Department:  Department:		
(Use "Ctrl" "V" keys to paste justification and statutory language.)		
Comptroller:	Date:	